

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEES DETERMINATION | MZ | | 09-20-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | S1 | 1125 | 10/24/01 |
| RESPONSE FORMALITY REVIEW | HC | 712 | 11-6-01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|-------|------------------------------|
| 1 | Final Original 11/1/01 |
| 1 1 | V = 11 |
| 1 2 | V = 11 |
| 1 3 | 0 |
| 3 4 | 0 = |
| 4 5 | V = |
| 5 6 | V = |
| 6 7 | V = |
| 7 8 | 0 = |
| 8 9 | V = |
| 9 10 | V = |
| 10 11 | V = |
| 11 12 | V = |
| 12 13 | V = |
| 13 14 | V = |
| 14 15 | V = |
| 15 16 | V = |
| 16 17 | V = |
| 17 18 | 0 = |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

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11/14/01